FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90104 038 ****61.25

DOCUMENT # 754019

1. Corporation Name

LAKESHORE VILLAGE SOUTH CONDOMINIUM ASSOCIATION, INC.

* 3 4 6 8 6 2 *
346862 - 90104 - 38

Principal Place of Business	Mailing Address
2055 WOOD ST.. STE 202 342786165 SARASOTA FL 34237-7928	2055 WOOD ST.. STE 202 342786165 SARASOTA FL 34237-7928

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/02/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2177675 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PROPERTY AND ACCOUNTING MGR. INC. 2055 WOOD ST.,STE.202 SARASOTA FL 34237	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME BRYAN, WARREN STREET ADDRESS 6123 WILSHIRE CIRCLE CITY-ST-ZIP SARASOTA FL	☒ DELETE	1.1 TITLE P/D 1.2 NAME Hart, Richard 1.3 STREET ADDRESS 6110 Wilshire Circle #7 1.4 CITY-ST-ZIP Sarasota, FL 34238	☐ Change ☒ Addition
TITLE D NAME KARP, DANIEL STREET ADDRESS 6143 WILSCHIRE CIR #19 CITY-ST-ZIP SARASOTA FL	☒ DELETE	2.1 TITLE T/D 2.2 NAME Ferguson, John 2.3 STREET ADDRESS 6103 Wilshire Circle #15 2.4 CITY-ST-ZIP Sarasota, FL 34238	☐ Change ☒ Addition
TITLE TD NAME GOULD, LAWRENCE STREET ADDRESS 3860 WILSHIRE CIRCLE CITY-ST-ZIP SARASOTA FL	☒ DELETE	3.1 TITLE D 3.2 NAME Davis, Warren 3.3 STREET ADDRESS 3875 Wilshire Circle #22 3.4 CITY-ST-ZIP Sarasota, FL 34238	☐ Change ☒ Addition
TITLE SD NAME ALYCE DAFNIS STREET ADDRESS 3851 WILSHIRE DRIVE, #9 CITY-ST-ZIP SARASOTA FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME BAHM, HAROLD STREET ADDRESS 3840 WILSHIRE CR #32 CITY-ST-ZIP SARASOTA FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4-6-99 — (941) 923-4761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)